

**GRAHAM COUNTY  
NEIGHBORHOOD REVITALIZATION PLAN  
TAX REBATE APPLICATION**

\*A non-refundable \$100.00 application fee must accompany this application\*

**PART A**

**Residential; Agricultural; Commercial**

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Owner's/Business Name \_\_\_\_\_ Phone # \_\_\_\_\_

Owner's/Business Mailing Address \_\_\_\_\_

**Proposed Property** \_\_\_\_\_ **Parcel #** \_\_\_\_\_

Legal Description of Property (use additional sheets if necessary)

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**Proposed Property Use** (check all that apply)

\_\_\_ Residential ( ) New ( ) Rehab ( ) Rental ( ) Owner-Occupied ( ) Single Family ( ) Multi-Family (# of Units \_\_\_)

\_\_\_ Agriculture ( ) New ( ) Rehab ( ) Rental ( ) Owner-Occupied ( ) Ag Building

\_\_\_ Commercial ( ) New ( ) Rehab ( ) Rental ( ) Owner-Occupied

\_\_\_ Industrial ( ) New ( ) Rehab ( ) Rental ( ) Owner-Occupied

Other \_\_\_\_\_

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Do you own the Land? Yes \_\_\_ No \_\_\_

Are your Taxes Current? Yes \_\_\_ No \_\_\_

Is Project on a Foundation? Yes \_\_\_ No \_\_\_

Is Project permanently attached to the property? Yes \_\_\_ No \_\_\_

Building Permit # \_\_\_\_\_  
(permit required in city limits)

Proposed Property Dimensions \_\_\_\_\_

List any buildings to be demolished \_\_\_\_\_

Start Date \_\_\_\_\_

Date of Completion \_\_\_\_\_

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**I have read and do hereby agree to follow all the application procedures and criteria. I understand an itemized statement of costs will need to be turned in when I have completed by project, this will be necessary to receive my rebate. I further understand that this application will be void one year from the date below if improvements or construction has not begun on this project.**

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

**GRAHAM COUNTY  
NEIGHBORHOOD REVITALIZATION PLAN  
TAX REBATE APPLICATION**

Any and all financial information reported on this form will be considered confidential  
and will not be subject to public disclosure as provided in K.S.A. 45-221(b)

**PART B**

**Residential; Agricultural; Commercial**

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Owner's/Business Name \_\_\_\_\_

Proposed Property \_\_\_\_\_ Parcel # \_\_\_\_\_

Start Date \_\_\_\_\_ Date of Completion \_\_\_\_\_

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**Please check one of the following that best describes the construction of the property.**

All Contractor Built     Pre-built Unit moved on site     Modular Building     Owner Built

Contractor Built w/Owner participation (% of participation \_\_\_\_\_ Hours \_\_\_\_\_ Value \_\_\_\_\_)

Other \_\_\_\_\_

Building Permit # \_\_\_\_\_ Proposed Property Dimensions \_\_\_\_\_  
(permit required in city limits)

**Cost of Improvements: (please provide copies of project plans and cost documents)**

Labor \_\_\_\_\_ Material \_\_\_\_\_

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**NEW RESIDENTIAL (complete all that apply)**

Story Height \_\_\_\_\_ Basement Size \_\_\_\_\_ Heating/Cooling \_\_\_\_\_

Square feet of Finished Area:    Ground Floor \_\_\_\_\_ Upper Floor \_\_\_\_\_ Basement \_\_\_\_\_ Building \_\_\_\_\_

#of Bedrooms \_\_\_\_\_ # of Bathrooms \_\_\_\_\_ Square feet of Unfinished Area \_\_\_\_\_ Paving/Concrete \_\_\_\_\_

Framing Material \_\_\_\_\_ Exterior Wall Material \_\_\_\_\_ Roofing Material \_\_\_\_\_

Describe Improvements

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**RESIDENTIAL REMODEL (complete all that apply)**

Square Feet of Area Added \_\_\_\_\_ ( )Basement ( )Ground Floor ( )Upper Floor

Area to be Remodeled ( )Living Room ( )Dining Room ( )Bedroom ( )Bathroom ( )Kitchen ( )Basement  
( )Other \_\_\_\_\_

**RESIDENTIAL REMODEL CONT.**

Area to be Added ( )Living Room ( )Dining Room ( )Bedroom ( )Bathroom ( )Kitchen ( )Basement  
( )Garage ( )Outbuilding ( )Other \_\_\_\_\_

Framing Material \_\_\_\_\_ Exterior Wall Material \_\_\_\_\_ Roofing Material \_\_\_\_\_

Heating/Cooling \_\_\_\_\_ Paving/Concrete \_\_\_\_\_

Describe Improvements

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**AGRICULTURAL/COMMERCIAL (complete all that apply)**

Agricultural \_\_\_\_\_ or Commercial \_\_\_\_\_

NEW \_\_\_\_\_ or REMODEL \_\_\_\_\_, if remodel what area \_\_\_\_\_

Type of Building \_\_\_\_\_ Use of Building \_\_\_\_\_

Building Dimensions \_\_\_\_\_ Exterior Wall Material \_\_\_\_\_

Wall Height \_\_\_\_\_

Describe Improvements

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\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

**GRAHAM COUNTY**  
**NEIGHBORHOOD REVITALIZATION PLAN**  
**TAX REBATE APPLICATION**  
**PART C**  
Residential; Agricultural; Commercial

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STATUS OF CONSTRUCTION COMPLETION

Owner's/Business Name \_\_\_\_\_

Proposed Property \_\_\_\_\_ Parcel # \_\_\_\_\_

Original Application Date \_\_\_\_\_

\_\_\_\_\_ Incomplete Project as of January 1, 20\_\_, following commencement.

\_\_\_\_\_ Complete Project as of January 1, 20\_\_, following commencement.

The Construction project applied for was considered complete on  
\_\_\_\_\_

\*An itemized statement of costs will need to be turned in along with Part C, this will be necessary to receive the rebate.

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_